



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Tory Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	27 November 2018
Centre ID:	OSV-0005104
Fieldwork ID:	MON-0024630

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The service is described as offering long-term residential care to three adults, currently male with low support needs who attend various education or training and recreational services within the organisation. The findings of the inspection indicate that the care is delivered according to the statement of purpose. The premises is a two story houses in a housing estate located in a community setting in a rural town with good access to all amenities and services. All residents have their own bedrooms and there is community living space and suitable shower and bathroom facilities and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 November 2018	10:00hrs to 18:00hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with two of the residents. They showed the inspector around their home and all of their personal belongings and told the inspector what it was like living in their home.

Residents said that they had lots of things to do each day which they really enjoyed such as the various jobs and workshops, going shopping with staff and to the matches and concerts they enjoyed. They said they got on very well living together and if they didn't they made up quickly. They always knew when their staff were on duty and had opportunities every week to plan what they would do. They said staff were always available to them and they also helped each other out if this was needed. They said that they felt happy and safe living there.

The inspector also reviewed some survey information received from relatives as part of the providers annual review. This commentary was very positive in regard to the service and the care provided.

Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence.

There was a suitable qualified and experienced service regional manager who held the post of person in charge. Management structures in the organisation are however currently under review. The person in charge had responsibility for a number of centres as well as the regional services. There was a suitably experienced team leader in place to support this in the interim periods. At this time there was no concern that this arrangement had any negative impact on the residents care and the plans outlined by the provider were satisfactory.

There were good reporting systems evident between the person in charge, the service manager and regional managers. There were unannounced visits undertaken on behalf of the provider and detailed reviews and actions were identified as a result. However, the inspector found that robust auditing systems had not been consistently applied which would support better on going review of care.

The annual report for 2017 was available. This was comprehensive and reported on incidents or untoward events, residents views and unannounced inspections. Some improvements could be made in examining the outcomes of some systems used for oversight. For example, the financial audits and actions for future planning for the residents.

A core group of consistent staff was employed and they had the required training and experience to support the residents. The residents were very happy

with the staff and explained they felt supported in their home. There were effective systems for communication between staff and managers in place to ensure consistency of care.

From a review of a sample of personnel files the inspector found that recruitment procedures were satisfactory with the required documents and checks being completed. Staff supervision systems were carried out also. There was a formal system for the recruitment and oversight of volunteers who supported the residents.

From a review of the staff training records mandatory training was up to date for staff which included first aid. All staff and managers demonstrated a sound knowledge of the residents needs and preferences and residents were observed to be comfortable and interacting easily with the staff in their home.

However, the records and documents used to detail resident care needs, assessment and reviews were very difficult to access and did not provide clear guidance for staff. In some instances the information was repetitive yet the crucial information was not easily accessed. Despite the high volume of documentation, there was a lack of clarity regarding the specific care needs identified and the reasons for them. Nonetheless, the inspector was satisfied that the residents care was delivered as they needed and wished. This documentary deficit was discussed at preliminary feedback with the regional manager. In addition, the computerised systems being used was regularly not accessible to the managers or staff which did not support good oversight of incidents or untoward events.

Regulation 14: Persons in charge

The person in charge was suitably qualified and there were suitable support arrangements in place.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of residents. The staff were familiar with the residents' needs and seen to interact with staff in a respectful and dignified manner.

Judgment: Compliant

Regulation 16: Training and staff development

The staff had the required training, skills and knowledge to support residents. Supervision and staff appraisal systems were in place.

Judgment: Compliant

Regulation 23: Governance and management

While management systems were effective and responsive more consistent auditing systems and detail in the annual report would provide better oversight for the care delivered.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in accordance with the regulations and practices in the centre accurately reflected this service.

Judgment: Compliant

Regulation 30: Volunteers

Systems for the management of volunteers were satisfactory and supported this additional support to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied, having reviewed records, that the person in charge had forwarded all required notifications to HIQA.

Judgment: Compliant

Quality and safety

It was apparent that residents' quality of life and overall safety of care was prioritised and managed in a person-centred manner with emphasis on the residents choices and preferences evident. Their social care needs were actively promoted and encouraged and they accessed numerous external activities such as regular sporting events, concerts and their local communities and holidays away. Residents had very busy lives and all attended a number of different workshops including horticulture or art and they worked at local community markets. There was an emphasis on supporting residents with life-skills including using public transport, money management and looking after their own home, which the inspector saw that they took pride and ownership in.

Residents were encouraged to understand and manage their own health care needs and had access to pertinent allied services such as physiotherapy, speech and language therapy and dieticians. Staff were seen to help the residents implement any recommendations by these specialists. Residents had access to mobile phones and they were also supported with easy read versions of various documents.

Residents had regular multidisciplinary reviews according to their needs and also annual support meetings which they and their representatives attended which were used to make plans with the residents. The residents were registered to vote. Each week an informal meeting was held at which they planned the week ahead, agreed meal times and routines with each other. It was apparent and the residents told the inspector that they were always consulted regarding their own choices for their home life , their day services and activities.

Some improvements were required in overall fire safety systems. All of the required fire safety management equipment was available and serviced regularly and in house checks were undertaken to ensure the systems were working. Residents had appropriate personal evacuation plans as required. Staff diligently undertook regular drills with residents who told the inspector how these worked. However, there were only three fire doors in the centre at priority locations such as the kitchen, utility and lining room. These had been installed prior to the registration inspection.

There were no fire doors protecting the evacuation route from upstairs. The inspector was advised that the provider had requested funding for the installation of the remaining doors. They were also considering having a consultant review the premises to ascertain compliance with the revised requirements for community dwellings.

Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the changing needs including falls, choking or seizures. Any changes in residents assessed needs were promptly responded to. For example, additional hand-rails and a wet room were installed. Some residents had personal alarms in the event of a fall or needing staff urgently and a vibrating alarm was also available for one person.

Staff provided support to two people living in an adjacent house (independently)

and the staff worked with these residents to ensure they could be alone in the house for short periods safely. This included training in "Stranger Danger " and they tested the residents responses to unknown persons calling to the house. This had proved successful in terms of facilitating 'staying safe' life skills. .

These actions demonstrated the providers commitment to the safety and well being of the residents who were fully involved in these strategies. The lone working arrangements were also considered. There were arrangements for a quick response to staff in the event of an accident or illness. The house phone had a speed dial capacity to the managers. There were also arrangements in place for staff to support residents should they need to attend acute services out of hours

There were effective systems in place to protect residents from abuse and the person in charge and the provider were seen to take appropriate action to address any issues which occurred and provide effective supports to the residents in consultation with them. Behaviours that challenge were not a feature of this service but there was evidence and residents confirmed that staff supported them to manage and understand their own challenges.

There were no restrictive practices implemented in the centre. Residents were assessed both for self-administration of medicines and money management. The inspector found that resident's preference was for staff to support them with this and systems were safe and transparent.

However, there was a discrepancy noted by the inspector in the details of a medicine protocol for the administration and the actual prescription for a non-routine medicine. There was no specific risk to the resident however as it had been administered correctly. The person in charge agreed to clarify this following the inspection.

Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner with residents involved in such decision as it impacted on them.

Judgment: Compliant

Regulation 28: Fire precautions

Fire containment arrangements in place did not protect the assigned evacuation route.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews of residents medicines. However a discrepancy was noted in the protocol for use and the prescription available for one PRN medicine (administer as required medicine).

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with the residents full involvement.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to understand and manage any behaviours which caused anxiety for them

Judgment: Compliant

Regulation 8: Protection

Systems for the protection of residents were proactive and responsive and also supported residents to develop the skills to protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to make decisions, make their preferences known and be supported to achieve their own goals and wishes was actively promoted.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had opportunities for training, skill development and new experiences according to their own preferences and needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Compliant

Compliance Plan for Tory Residential Services Kilmeaden OSV-0005104

Inspection ID: MON-0024630

Date of inspection: 27/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The PIC will ensure that all internal audits are carried out in a timely manner • The annual review will reflect all outcomes for the year and provide more information about the designated centre 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • A business case has been submitted to the HSE for 8 additional fire doors. In the interim a competent person has been engaged to assess the house for fire safety 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> • The Kardex identified will be changed to reflect the recommendation of the HIQA inspector regarding PRN medication. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	07/02/2019